

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Conservative Action Fund		FEC IDENTIFICATION NUMBER ▼ C C00496505	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee POLITICAL LIST BROKERS, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 25 / 2015	
Mailing Address 107 S. WEST ST, PMB 826		Amount 5000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1009
Purpose of Expenditure EMAIL LIST RENTAL FEES	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2015	
Name of Federal Candidate MARLIN STUTZMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought 25000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee POLITICAL LIST BROKERS, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 29 / 2015	
Mailing Address 107 S. WEST ST, PMB 826		Amount 5000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1010
Purpose of Expenditure EMAIL LIST RENTAL FEES	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2015	
Name of Federal Candidate MARLIN STUTZMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought 25000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dan Backer Esq.

[Electronically Filed]

Date

MM / DD / YYYY
06 / 30 / 2015

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Conservative Action Fund		FEC IDENTIFICATION NUMBER ▼ C C00496505	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee POLITICAL LIST BROKERS, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2015	
Mailing Address 107 S. WEST ST, PMB 826		Amount 5000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24.1011
Purpose of Expenditure EMAIL LIST RENTAL FEES	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2015	
Name of Federal Candidate MARLIN STUTZMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: IN	
Calendar Year-To-Date Per Election for Office Sought 25000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	15000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Dan Backer Esq.

[Electronically Filed]

Date

MM / DD / YYYY
06 / 30 / 2015

Signature